

DEPARTMENT OF ENVIRONMENT AND CONSERVATION

KNOXVILLE FIELD OFFICE

3711 MIDDLEBROOK PIKE KNOXVILLE, TENNESSEE 37921 PHONE (865) 594-6035 FAX (865) 594-6105/5253

February 9, 2011

Mr. Seth Smith, Manager American Coal & Iron, LLC 2192 Highway 278 Natural Bridge, AL 35577

RE: PLANS REVIEW LETTER AND LETTER OF DEFICIENCIES

NPDES Permit TN0072681 (Renewal)

American Coal & Iron, LLC Childers Hill Pit Hardin County

Dear Mr. Smith:

An application for renewal of your NPDES permit was received on January 5, 2011, and is under review. Please clarify the following items so we may continue to process the requested permit modification.

- 1. Please complete Address Form CN 1090 (see enclosure). An electronic version of the form may also be downloaded from our website at: http://www.state.tn.us/environment/wpc/forms/PERMADD.pdf.
- 2. EPA Form 2C, Section V must be completed for *each* permitted outfall at the facility. Your application includes Section V for Outfall 002, but not Outfalls 001 and 003.

Submit one original and two copies of the revisions requested in this letter. Should you have any questions regarding this matter, contact me at (865) 594-5545.

Sincerely,

Kristen Gettelfinger

Environmental Specialist

Division of Water Pollution Control - Mining Section

JEB:GWM:JPJ(e-copy):KBG(e-copy)

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enclosures

cc: NPDES Pending File

Dian White, Inspector, TDEC - Jackson EFO

Greg Littlefield, RLS - Littlefield Surveying, 60 Brazelton St. Unit 8, Savannah, TN 38372



Tennessee Department of Environment and Conservation
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex
Nashville, TN 37243-1534
Phone:(615) 532-0625

PERMIT CONTACT INFORMATION

| Please complete all sections. If one person serves mu | ultiple functions, please repeat this information i | n each sectio | on. | |
|--|---|--|--|--|
| PERMIT NUMBER: | DATE: | | | |
| PERMITTED FACILITY: | COUNTY: | | | |
| OFFICIAL PERMIT CONTACT: | | And the property of the control of t | A ST LINE AND THE | |
| (The permit signatory authority, e.g. responsible corporate offi | icer, principle executive officer or ranking elected offici | al) | | |
| Official Contact: | Title or Position: | Title or Position: | | |
| Mailing Address: | City: | State: | : Zip: | |
| Phone number(s): | E-mail: | | | |
| PERMIT BILLING ADDRESS (where invoices shoul | ld be sent): | | | |
| Billing Contact: | Title or Position: | | | |
| Mailing Address: | City: St | ate; | Zip: | |
| Phone number(s): | E-mail: | MATTER CONTRACTOR AND | er kommunistraturun kanan k | |
| FACILITY LOCATION (actual location of permit si | ite and local contact for site activity): | And the state of t | The second secon | |
| Facility Location Contact: | Title or Position: | Military States of the Control of th | , | |
| Facility Location (physical street address): | City: 5 | State: | Zip: | |
| Phone number(s): | E-mail: | a, a. | allor a constant Mellor Estado est | |
| Alternate Contact (if desired): | Title or Position: | Title or Position: | | |
| Mailing Address: | City: St | rate: | Zip: | |
| Phone number(s): | E-mail: | E-mail: | | |
| FACILITY REPORTING (Discharge Monitoring Rep | | | | |
| Cognizant Official authorized for permit reporting: | Title or Position: | | | |
| Mailing Address: | City: | State: | Zip: | |
| Phone number(s): | E-mail: | | | |
| Fax number for reporting: | Does the facility have interest in starting | Does the facility have interest in starting electronic DMR reporting? Yes No | | |